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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	YI, SEUNG-HWAN
Title	GAS SENSOR
Art Unit	
Examiner Name	
Attorney Docket No.	P07596US00

I hereby appoint:

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☐ Practitioner(s) named below:

Name	Registration Number

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Isaac Yi</i>	Date	<i>July 5th, 2009</i>
Name	SEUNG-HWAN YI	Telephone	
Title and Company	<i>Chungju National University, 123 Seomdanki, Iryumyeon, chungju, chungbuk</i>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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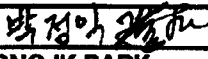
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	April 6th 2007
Name	JEONG-IK PARK	Telephone	
Title and Company			

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SIGNATURE of Applicant or Assignee of Record

Signature	강지현	Date	July 7th, 2007
Name	JI-HYUN KANG	Telephone	
Title and Company			

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